Royal College of Physicians

JAG Joint Advisory Group on GI Endoscopy

Advancing quality in endoscopy

Joint Advisory Group on GI Endoscopy

Annual report for 2025

Report at a glance – key messages

Of the 519 JAG-registered services across the UK and Republic of Ireland, 238 are accredited, increasing the proportion of accredited services from 43.1% to 45.9%

The proportion of all procedures involving a trainee fell slightly to 10% (from 11% in 2024)

An additional 63 colonoscopists were accredited as bowel cancer screeners, with a DOPS pass rate of 81.8%

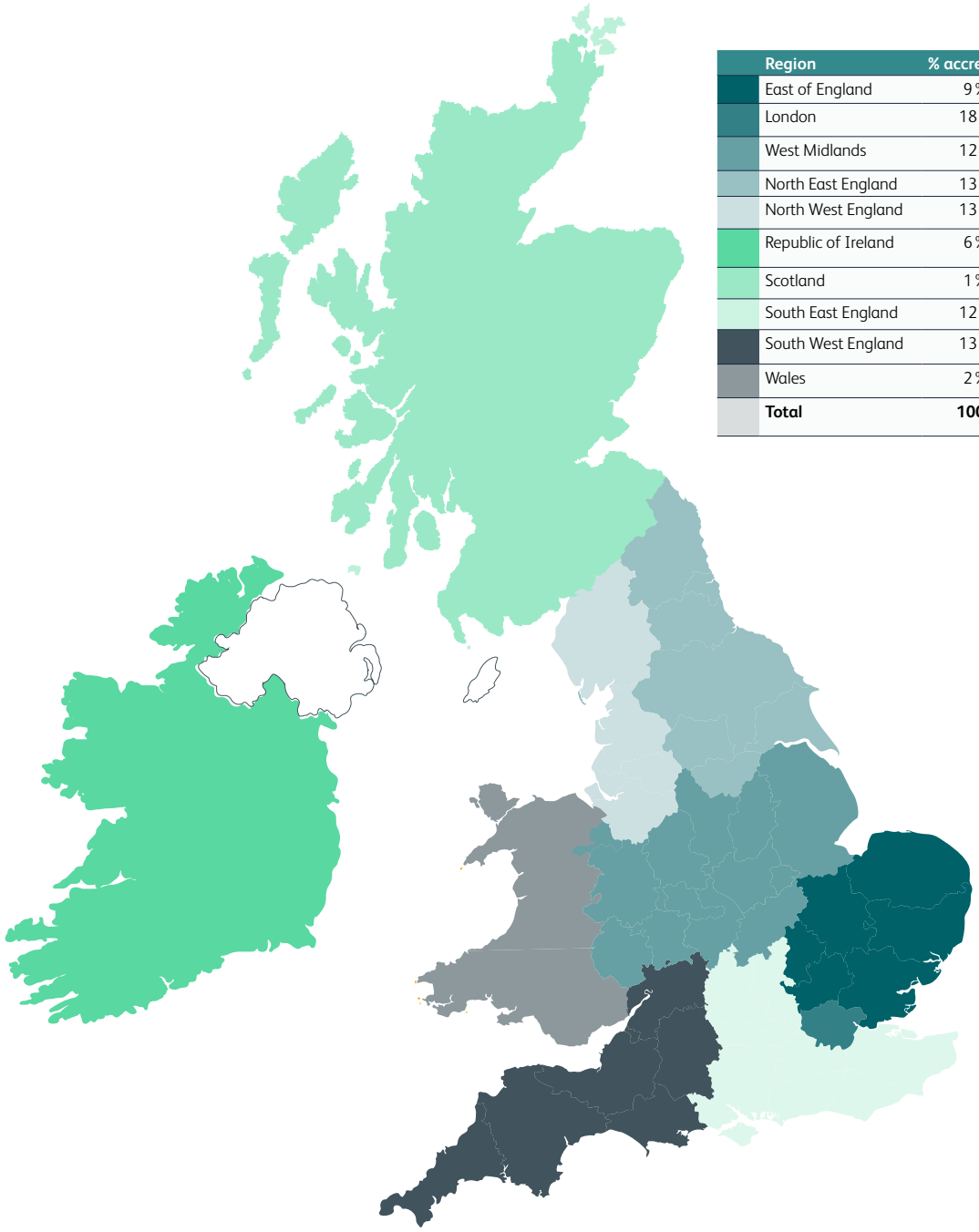
687 individuals gained certification in at least one endoscopic modality

Over 2.3 million procedures were uploaded to NED (around 200,000 a month), with 569 UK sites contributing and over 14 million procedures uploaded in total

The number of units supporting their staff with the JETS Workforce programme grew by almost 8% to 465, and 1,735 delegates attended an ENDO course

The JAG accreditation assessment team now includes 112 assessors

JAG is making good progress against its 3-year development plan, with 22 of 81 projects completed and the remainder either under way or yet to start



Region	% accredited
East of England	9%
London	18%
West Midlands	12%
North East England	13%
North West England	13%
Republic of Ireland	6%
Scotland	1%
South East England	12%
South West England	13%
Wales	2%
Total	**100%**

Introduction

In the last year, over 2.4 million patients underwent an endoscopy procedure in the UK and Ireland. The role of JAG in supporting the endoscopy community to deliver high-quality endoscopy and patient care cannot be underestimated. Following JAG's 30th anniversary celebrations a couple of years ago, we now look forward to continuing to be a strong, independent advocate for excellence in endoscopy training and accreditation.

The last year has seen significant progress in all areas of JAG. In accreditation, the revised and updated Global Rating Scale (GRS) was published in October 2025. The standards have evolved to reflect up to date guidance and remain relevant to endoscopy services. The process of accreditation has been simplified with fewer domains, removal of the levels and reduced duplication of evidence requirements, while ensuring the quality is not compromised. Early feedback suggests that services have welcomed these changes. This is an important part of our efforts to help more services attain JAG accreditation.

In training, a number of the basic skills and train the trainer courses have undergone review. The crucial role JAG and JETS play in ensuring that we have an endoscopist workforce ready to meet rising demand and complexity cannot be underestimated. Recognising the importance of the wider endoscopy team is crucial, and the rapid evolution and success of the JETS Workforce programme supports this.

JAG now plays an important role in generating the data required to deliver service accreditation and training, as well as supporting national service development with our partners in NHS England, Scotland, Wales and the Republic of Ireland. The National Endoscopy Database (NED) underpins this and continues to develop in coverage and quality.

It is important to recognise the contribution my predecessor, Professor Matt Rutter, made to JAG through his strong leadership and clarity of vision. It is a huge honour for me to take over as chair of JAG from Matt and I would like to thank him for his service to JAG over many years.

In this second JAG annual report, we highlight the incredible work of everyone involved in delivering endoscopy services. We look forward to continuing this hard work and driving improvement wherever endoscopy is delivered.

Tom Lee, JAG chair

JAG staffing

JAG's success depends on collaboration between a range of clinical specialists and the JAG operational team.

The JAG team comprises:

- **19 clinical leads (for a full breakdown see Appendix 1)**
- **9 JETS trainee portfolio assessors (7 adult, two paediatric)**
- **192 JETS Workforce faculty, including 97 ENDO1 faculty, 62 ENDO2 faculty, and 33 ENDO3 faculty**
- **48 assessors for Bowel Cancer Screener Accreditation**
- **20 JAG accreditation medical assessors**
- **17 JAG accreditation nurse assessors**
- **14 JAG accreditation management assessors**
- **27 JAG accreditation lay assessors (these are shared across the RCP's Accreditation Unit)**
- **An operational team of 23 colleagues, including programme managers, project managers, data analyst support, digital project manager support, senior project coordinators, project coordinators, and programme administrators (for a full breakdown see Appendix 1).**

We work with clinical leads on specific activities, as well as with governance committees for each of our programmes.

JAG clinical lead role	Governance committee	Committee members
JAG chair	JAG strategy	17
	JAG stakeholder	23
JAG training group chair, JETS clinical lead, JETS Workforce clinical lead and JETS Administration and Clerical lead	JAG training group	58
JAG accreditation chair, JAG nurse lead, JAG management lead, JAG head assessor and JAG improvement lead	JAG accreditation steering group	14
Federation of Training Centres operational and strategic leads	Federation of Training Centres Committee	62
BCSA panel chair	BCSA panel	24
NED Committee chair, JAG research lead, NED clinical leads	NED committee	27

Service accreditation

JAG accreditation supports services to evaluate clinical quality against a framework of key areas:

- Clinical quality – the service's role in safe and effective diagnosis, treatments and ongoing management, and service infrastructure, including leadership and management.
- Patient experience – providing efficient and person-centred care for all patients, focusing on waiting times, facilities and the environment.
- Workforce and training – effective training and support for staff, including recruitment, retention and continued professional development of team members, alongside support and development for trainee endoscopists through appraisal and competencies.

Accreditation is a voluntary process for services. It promotes quality improvement by highlighting areas of best practice and areas for change to support the continued development of the clinical service. The JAG accreditation standards consist of 19 domains and have been developed with a multi-professional group of clinicians, managers and patients.

The accreditation pathway involves services self-assessing against the standards and submitting for a site assessment once staff feel they are meeting the standards. Once accredited, services follow a pathway to maintain accreditation. They are required to submit an annual review against key areas of the standards and the evidence is assessed remotely by two assessors. As well as the annual review, accredited services submit for reaccreditation by site assessment every 5 years.

Assessments are undertaken by an experienced team of medical, nurse and management assessors, one of whom leads the process. A lay assessor also joins the team to assess the patient experience.

What have we achieved in 2025?

In 2025, JAG undertook 56 accreditation assessments. Accreditation was awarded to 18 services undergoing assessment for the first time, while 38 services successfully completed reaccreditation. Of the assessments undertaken during the year, 45 resulted in a deferral, with 42 services meeting the required criteria by the end of the deferral period. In addition, 209 services completed an annual review to maintain their accreditation status, of which 44 entered a deferral period before achieving accreditation status. At the end of March 2026, 231 services are either accredited or undergoing assessment, with 35 currently in deferral.

By the end of 2025, JAG's assessor cohort comprised 73 technical assessors. Of these, 50 were signed off and 23 were in training. There were also 27 lay assessors. Throughout the year, capacity and capability were strengthened through structured support, including review sessions, lead assessor support, one-to-one operational calls and enhancements to the Assessor360 peer feedback process. Targeted recruitment was undertaken to address regional gaps, particularly in the South West of England.

During 2025, JAG accreditation completed a 5-year standards review. The review was led by the JAG accreditation senior leadership and clinical team, with input from the wider JAG programme. An initial feedback exercise was undertaken to gather views on the previous standards, welcoming contributions from a wide range of stakeholders, including endoscopy services, the devolved nations and NHS England. This feedback informed the revised standards, which were subsequently subject to a final consultation.

The revised standards, in full use since the start of 2026, have been positively received by services. The framework has been streamlined from 19 domains to 11, with the total number of individual standards reduced from 133 to 80. The standards have been rigorously reviewed to ensure alignment with current guidance and continued relevance to endoscopy services, including the incorporation of PEUGIC and PCCRC guidance. Duplication has been removed and the overall structure refined to improve clarity and usability for services working towards

accreditation. Following the removal of the GRS census requirement in 2023, GRS levels have been discontinued, with services now required to demonstrate compliance with each individual standard. A Republic of Ireland iteration of the 2025 GRS standards is due to launch in 2026.

In 2025, JAG also introduced paediatric standards, enabling paediatric services to assess their performance against the standards using an online self-assessment tool. Feedback from paediatric services is welcomed, with a planned review in 2 years' time to align the paediatric standards with the updated adult JAG GRS standards.

Plans for the future

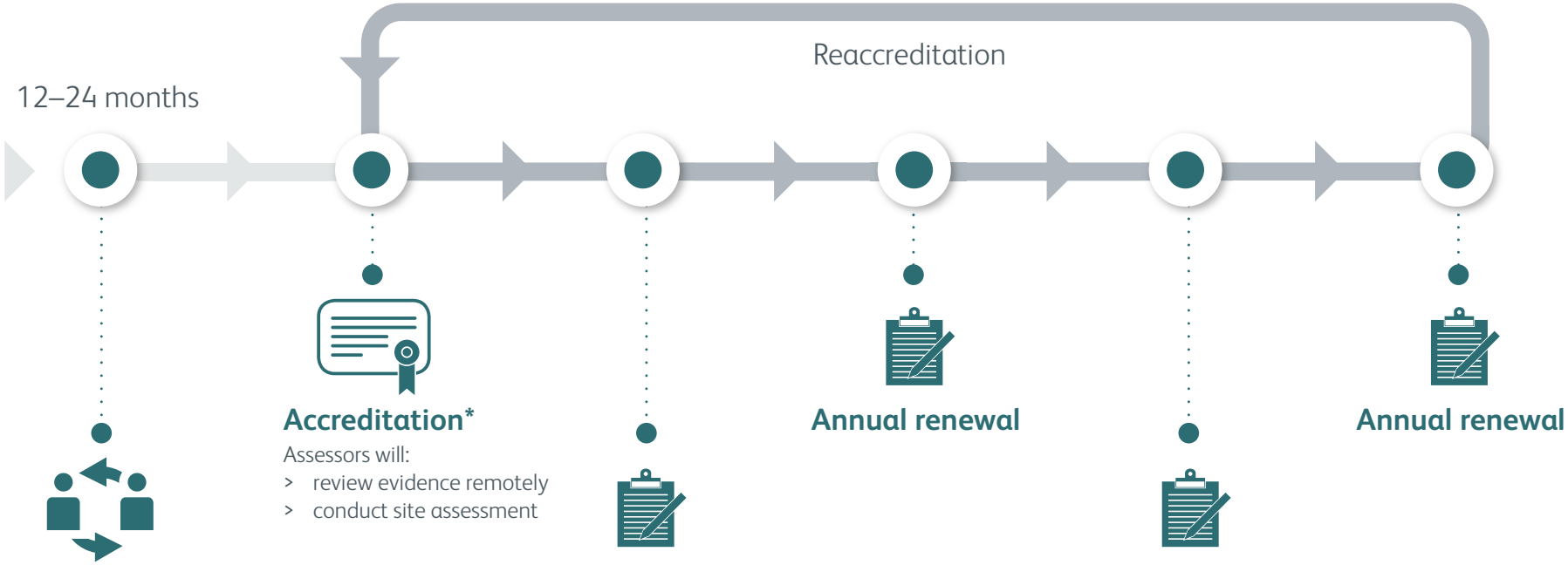
In 2026, JAG anticipates an increase in assessment requests from new services, including community diagnostic centres. The programme expects to undertake 46 reaccreditations and 209 annual reviews during the year.

The JAG accreditation team will also launch the first phase of the accreditation pathway for insourcing providers in 2026. An expression of interest has been sent to insourcing providers, and the draft standards are currently under revision. From autumn 2026, insourcing endoscopy providers will be able to register with JAG and access the standards to begin working towards accreditation. The full accreditation pathway is planned for launch at the end of 2027. This project represents a significant milestone for JAG, as the first RCP accreditation programme to assess and accredit an insourcing model.

Additionally, JAG will launch updated standards for services in the Republic of Ireland, which will be available for services to use from autumn 2026. Services and assessors will receive training and support throughout this transition.

In 2026, JAG is expanding its training programme, delivering 18 sessions across the year. This will include an increased number of regular core sessions, alongside new events to support services with annual reviews and preparation for a JAG visit. Additional ad hoc training will be offered to support specific endoscopy roles, such as clinical leads, and dedicated sessions will be delivered for assessors and services to support implementation of the updated JAG standards.

JAG pathway



* Services that don't meet or maintain accreditation standards may be granted a period of deferral to resolve some matters.

JAG training

In 2009, the JAG Endoscopy Training System (JETS) was developed to standardise practice and training across the UK. It supports endoscopists through their entire endoscopy training, enabling them to demonstrate their competency progression and apply for JAG certification.

Trainees work towards certification in varying endoscopy modalities. JETS was originally launched with three certification pathways: colonoscopy, flexible sigmoidoscopy and OGD. In 2022, these pathways underwent a major revision through a robust Delphi process review to ensure that the pathways are up to date and evidence based. In 2023, we launched pathways for ERCP and EUS; followed by DAE in 2024. In 2014, we launched paediatric versions of OGD and colonoscopy. An updated paediatric diagnostic colonoscopy pathway was launched in 2025 with a new staged approach.

What have we achieved in 2025?

Training centres are required to submit annual reports. Following an update to the format, centres were contacted in August 2025 to submit their 2024 reports using the new template. Overall, 29 of 36 centres submitted a report **(81%)**. Statistics comparing submission rates are covered below:

Year	Number of centres contacted	Reports submitted	Percentage submitted
2024	36	29	81
2022	32	25	78
2021	31	20	65
2019	25	20	80
2018	23	22	96
2017	27	15	56
2015	No data	23	No data

This is the highest submission rate since 2018. Seven key areas for training centres to achieve were marked in this report, with four possible outcomes for the submissions. The outcome summary is included below:

	Definition	Number with this outcome
Outcome 1	The training centre has achieved the suggested seven key areas for 2024 submission	21
Outcome 2	A report was submitted – one or more of the seven suggested key areas were not achieved	8
Outcome 3	No report was required for 2024 – ie the training centre was set up during or after 2024, though a report was submitted for review and guidance given	2
Outcome 4	No report was submitted prior to the **deadline of 5 September** (extension for 19 September, where applied for)	6

The table below shows the average trainee feedback received, number of BSC (basic skills courses) and TTT (train the trainer) courses for all training centres who were required to or did submit their 2024 annual report. Please note this excludes data from two centres who were not required to submit a report:

Below expectations	Met expectations	Above expectations	Number of basic skills courses	Number of TTT courses
0.29%	22.54%	77.17%	5.46*	1.92**

*5.77 without the additional two centres who submitted their report who were not required to do so
**2.03 without the additional two centres who submitted their report who were not required to do so

Overall	
Metric	**Number**
Number of training centres	40
Number of active training courses	49
Number of trainees certified on JETS:	6,636
• OGD	3,119
• Colonoscopy	2,391 (1,721 pre- and 670 post-2022 revised pathway)
• Flexible sigmoidoscopy	425
• ERCP	35
• EUS	16
2025	
Number of new training centres	1
Number of trainees submitting procedures	
Number of trainees certified on JETS:	693
• OGD	311
• Colonoscopy	343 (9 full, 334 new)
• Flexible sigmoidoscopy	3
• ERCP	24
• EUS	12

Plans for the future

In 2026, JAG continues to strengthen its training offer across certification, quality assurance, course development and workforce support. A key priority is the move towards competency-based certification, supported by clearer guidance and rationale aligned with GMC requirements, providing greater clarity for trainees and institutions.

Trainee data quality assurance testing and pilot work is also in development, followed by implementation and full rollout.

Course launches: We hope to launch the reviewed basic skills courses – UGI, LGI TTT and ERCP, following the extensive work of our training group members.

Independent endoscopy portfolio: We will continue to develop an e-portfolio for independent endoscopists. This will allow endoscopists to demonstrate their activity and performance easily, helping to identify and support areas of under-performance. We will be developing this portfolio into 2027.

Other projects include paediatric pathways and guidance for endoscopists trained overseas.

JETS Workforce

The JETS Workforce programme enables the endoscopy workforce across the UK and Republic of Ireland to access a standardised, quality-assured and updated framework for training. JETS Workforce was launched in 2019, building on the previous Gastrointestinal Endoscopy for Nurses (GIN) training programme and the All-Wales Endoscopy Competency Framework (AWENcf).

It is designed for the whole of the endoscopy workforce from new starters to experienced staff, and for all members, including unit managers, endoscopy nurses, healthcare support workers, practice educators and decontamination technicians. It is available for any endoscopy unit registered with JAG.

The programme comprises three levels: foundation and decontamination, advanced endoscopy, and management and leadership.

Each level has three learning elements to complete:

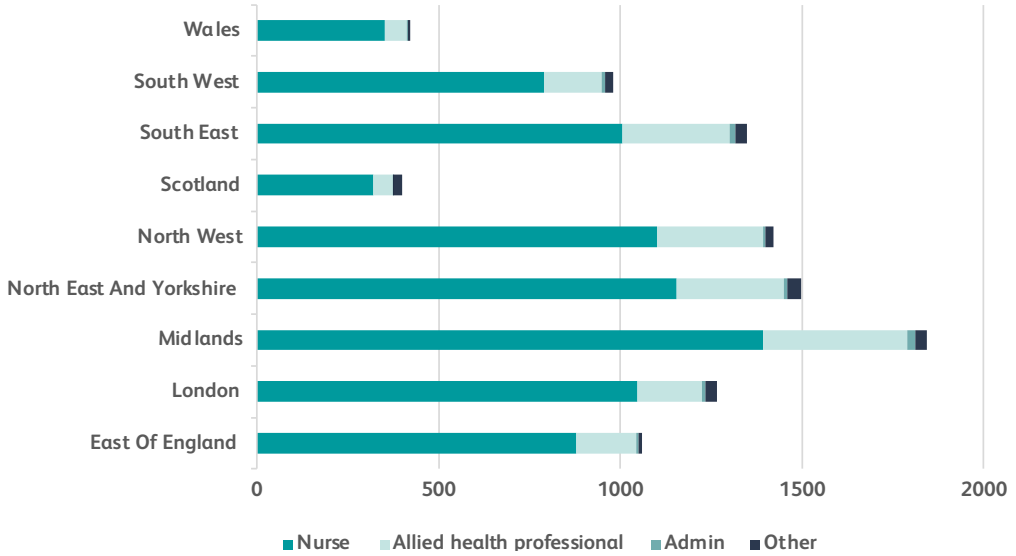
- **e-learning modules:** Developed by endoscopy experts, the modules provide the theoretical underpinning for the courses and the competency framework, which are accessible via third party platforms (eLearning for Health, eIntegrity and OpenAthens).
- **Training courses:** The ENDO1 course is designed for the endoscopy workforce to introduce or improve skills in assisting endoscopic procedures and caring for patients. ENDO2 is an advanced endoscopy course aimed at staff who assist with or care for patients undergoing moderate to complex endoscopic procedures. ENDO3 is designed for current or aspiring leaders and managers in endoscopy.
- **Competency framework:** The framework enables users to evidence their skills, knowledge and abilities, using direct observation of procedural skills (DOPS), witness statements and reflective statements.

What have we achieved in 2025?

The JETS Workforce website has 10,062 users from 532 units. 80% are registered nurses, 17% allied healthcare professionals (AHPs), 1% administrative staff, and 2% 'other'.

In 2025, ENDO course attendance remained high, with 1,735 delegates attending courses: 1,220 for ENDO1, 237 for ENDO2 and 278 ENDO3.

Nearly 2,060 users are assigned as assessors of the competency framework and 150 endoscopy workforce members are teaching faculty on ENDO courses.



This growing engagement from our JETS Workforce community demonstrates a continuing positive change in the culture of endoscopy, with more focus on providing a standardised and structured approach to training, assessments and appraisals. So much so that there has been continued national and international recognition of our training programme with presentations over the 5 years to the European Society of Gastrointestinal Nurses Association (ESGNA), course delivery in Bangladesh, the adoption of the programme by the Republic of Ireland and further progress with Scotland and Wales.

Another significant achievement for the programme is the mandating of certain elements of the training framework for JAG accreditation. From 1 October 2025, all services in the UK must demonstrate that 25% of their endoscopy workforce (bands 2–8) have completed the ENDO1 e-learning modules and ENDO1 course.

Plans for the future

We are continuing to make JETS Workforce a sustainable programme, with cyclical updates of content. The programme's reach is broadened through the identification of units with low use and engagement with the endoscopy workforce. In 2026, the JETS Workforce programme will continue to focus on strengthening the programme development, enhancing educational provision, and supporting leadership capability across the endoscopy workforce.

A key milestone is the establishment and delivery of the programme's inaugural annual steering group meeting in May 2026. This event brought together key stakeholders to review programme achievements, discuss strategic priorities, share best practice, and shape future workforce development initiatives.

The JETS Workforce programme will also design and implement a new TENT (train the endoscopy nurse trainer) course. This will equip experienced endoscopy nurses with the skills, knowledge, and confidence to deliver high-quality training and education to their peers, supporting the development of a sustainable and skilled nursing workforce.

In addition, a comprehensive review of the current competency framework will be undertaken to ensure that it remains aligned with contemporary clinical practice, workforce requirements, and professional standards. The updated framework will provide a clear and robust structure for workforce development, competency assessment and career progression for the individuals who use it.

The ENDO3 leadership and management course will be reviewed and refreshed to ensure that content remains relevant, engaging and aligned with the evolving needs of endoscopy leaders and managers. Updates will focus on supporting leadership development, service improvement, and workforce management capabilities.

All existing e-learning modules within the JETS Workforce programme will undergo review and revision for content accuracy, educational effectiveness and alignment with current clinical guidance and workforce priorities. This work will support continued access to high-quality, flexible learning opportunities for the endoscopy workforce.

Through these initiatives, the JETS Workforce programme aims to enhance workforce capability, strengthen educational infrastructure, support leadership development, and ensure that learning and competency resources remain fit for purpose in meeting the future needs of endoscopy services.

JETS Administration and Clerical

JETS Administration and Clerical (JETS A&C) is a new competency framework that equips the endoscopy administrative workforce with the skills and knowledge to carry out their roles, as well as supporting greater efficiency in booking and scheduling by focusing on:

Designed for both new and existing staff, the framework enables administrative staff to evidence their skills and knowledge, while supporting development and career progression within endoscopy. It can be used alongside existing service development processes.

Staff also have access to endoscopy administration-specific eLearning modules to further support learning and skills development.

What have we achieved so far?

Over 80 users across the UK have participated in a pilot of the new JETS A&C website and framework. Their feedback will inform future development of both the website and the framework, with strong interest in enhancing support for administrative and clerical teams, and a recognised gap in training provision for administrative staff.

Plans for the future

Following full programme launch, the framework will be expanded to include endoscopy administration supervisors and team leads, supporting clearer career pathways. Work will also begin on a new virtual learning platform, bringing A&C resources and learning into a single, accessible space.

Bowel Cancer Screener Accreditation

The English NHS Bowel Cancer Screening Programme (BCSP) commenced in 2006, and the Welsh equivalent in 2020. All BCSP colonoscopists need to be accredited. Accreditation ensures that all endoscopists providing screening meet a consistent, high standard. JAG, on behalf of the English NHS BCSP, manages the administrative functions of the Bowel Cancer Screener Accreditation (BCSA) web-based application process.

Following submission of satisfactory historical performance data, the candidate must pass an online multiple choice questionnaire (MCQ) prior to attending a DOPS assessment. The DOPS assessments are held at designated assessment centres. Each candidate is assessed over two cases by two assessors.

What have we achieved in 2025?

There are currently 715 registered bowel cancer screeners across the UK, an increase of 9.7% from 2024. In 2025, 63 endoscopists successfully gained accreditation, 15 more successful accreditations than in 2024.

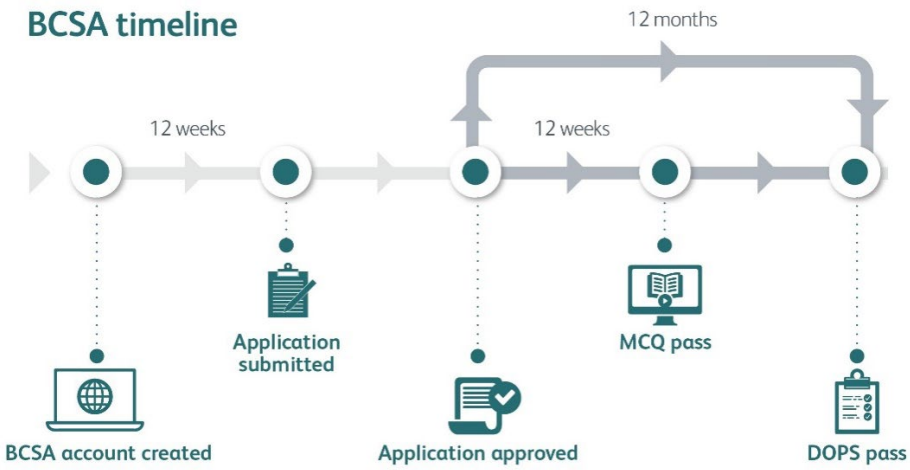
Each candidate has 12 weeks from their online application approval to pass the MCQ exam. They have up to three attempts in this timeframe. Candidates must wait 12 months from the first attempt before resitting if they do not pass on their third attempt. From 7 December 2023 to 19 August 2025, 85 individuals attempted the MCQ assessment, with a first-time pass rate of 88%. 1.2% of candidates sat the MCQ three times in this period.

A total of 76 endoscopists sat the DOPS assessment in 2025.The overall pass rate of the DOPS (and therefore successful accreditation rate) was 82.9%.

There are 51 BCSA assessors. 35 completed at least one assessment in the preceding 12 months in the 2026 assessor activity review. Of these, the median number of assessments was four. We encourage all assessment centres to hold at least 3 assessment days per year and for all assessors to undertake one internal and one external assessment per year.

Assessment centre	Percentage of assessments
Gloucestershire Assessment Centre	8%
Hampshire Assessment Centre	6%
Leicestershire Assessment Centre	6%
Liverpool Assessment Centre	11%
Northern General Hospital, Sheffield	25%
St George's Hospital, London	11%
St Mark's Hospital, London	8%
Torbay Hospital, Torquay	6%
Wales – Swansea Bay UHB (Morriston)	8%
Wolverhampton	11%

In 2025, the BCSA timeline was updated following discussion with the BCSA panel to prevent out-of-date applications being utilised for DOPS assessments. The updated timeline is included below:



This led to the closure of 483 out-of-date applications on the system, and has given a more accurate picture of the current number of candidates actively engaging with the process since launching on 1 October 2025.

Plans for the future

2026 sees the BCSA continue to improve the candidate accreditation process, including automating manual processes, evaluating the BCSA NED pilot, and the launch of the assessor annual report. We will also continue to work to ensure that we can offer enough assessments to meet the demands of the BCSP expansion, through expanding the number of assessment centres and running further examiner training days.

National Endoscopy Database

The National Endoscopy Database (NED) was launched in 2013 to automatically capture live endoscopy data directly from local endoscopy reporting systems (ERS). NED aims to improve quality and reduce the burden on services by providing online access to standardised, robust performance analytics.

Endoscopists can access their procedural key performance indicators (KPIs). Clinical leads can access both organisation- and individual-level data and download a JAG audit spreadsheet for JAG assessments. NED data also feed into JETS for trainee endoscopists to monitor their performance and log DOPS/DOPyS.

Since the launch of NED, over 15 million procedures have been uploaded, accruing at around 200,000 procedures per month. In 2021, NEDi2 was launched following extensive consultation with the UK endoscopy community and ERS companies, capturing richer datasets on a broader range of procedures. A further revision in 2023 (NEDi2.1) included a field for a faecal immunochemical test (FIT) result, enabling local and national auditing of FIT use in the lower GI pathway.

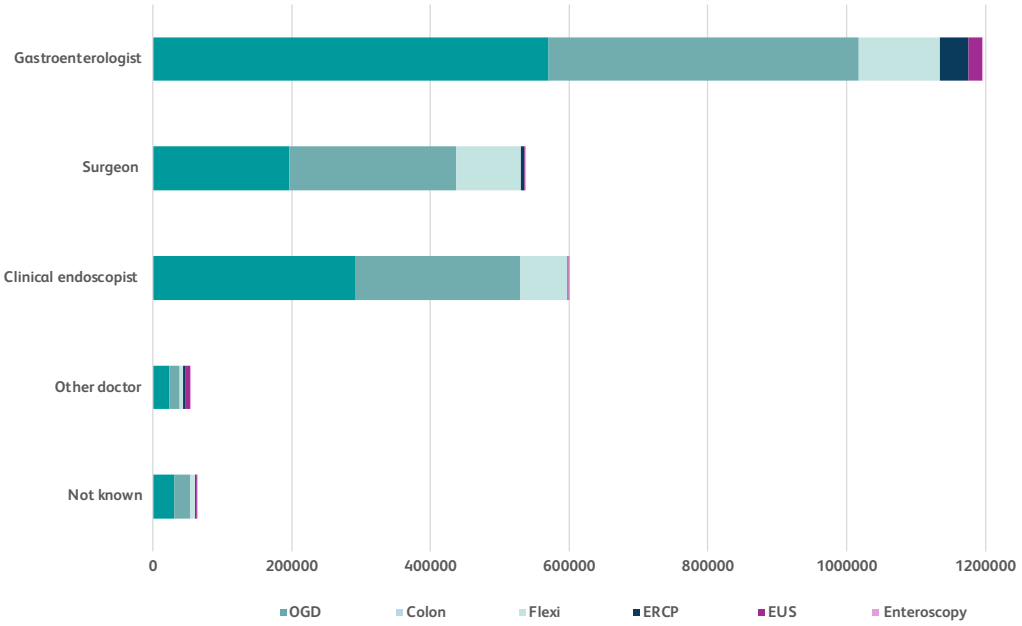
Procedure	Total 2024	Total 2025	% increase
OGD	993,797	1,076,078	8.28%
Colon	873,573	944,061	8.07%
Flexible sigmoidoscopy	271,254	284,036	4.71%
ERCP	40,737	47,461	16.51%*
EUS	16,005	24,053	50.28%*
Enteroscopy	964	1,242	28.84%*
Total	**2,196,330**	**2,376,931**	**8.22%**
% with trainee	11%	11%	

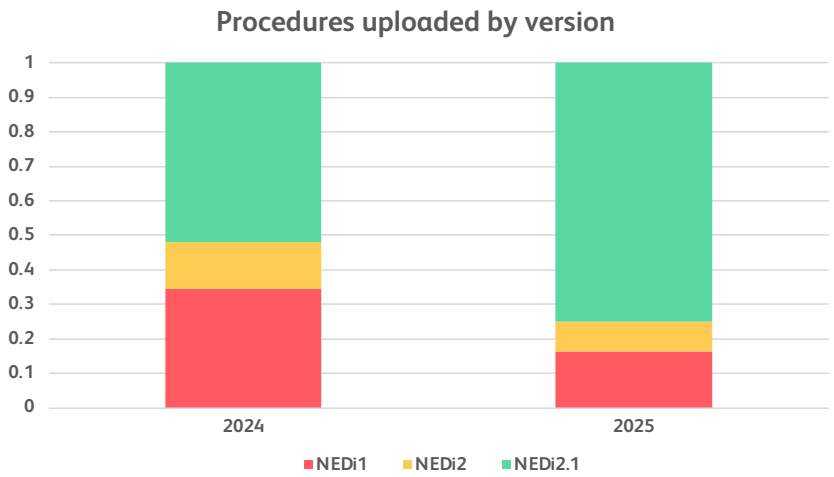
*Due to increased adoption of NEDi2, which mandates capture of these procedures for the first time

What have we achieved in 2025?

In total, 530 endoscopy sites in the UK are uploading to NED (314 NHS, 216 independent). 88% of sites are now uploading to NEDi2.1, the latest version of NED. There are currently 13 ERSs uploading to NED, with eight providing a compliant NEDi2.1 software version.

Regional and national leads are now able to access their own dashboards to audit high-level data on NED, and the new NED FIT Dashboard has been launched, giving cancer alliances an overview of FIT scores reporting nationally in England.





Processes for gathering ERCP data are being carefully reviewed by the NED team in conjunction with endoscopy reporting system suppliers and other stakeholders. The aim is to ensure that all ERCP data is dependable and useable to drive improvements in ERCP quality.

The NED APRIQOT (Automated Performance Reports to Improve Quality Outcomes Trial) implementation pilot has successfully delivered automated feedback to colonoscopists in the south-west and north-east regions of the UK. The project concludes in summer 2026 with a view to universal roll-out of the APRIQOT model in the near future.

Plans for the future

Launch of the NED FIT Dashboard has allowed auditing and monitoring of FIT for service leads, cancer alliances and national leads, and further improvements to this will increase the functionality. We will also refine data capture to ensure that the data are as accurate as possible, including the release of a NED data quality report, and will work with suppliers to improve NEDi2.1 data. In addition, we will strengthen NED engagement with endoscopists and services via blogposts and training sessions, while planning updates to KPIs and data capture within NED, in line with national standards.

JAG research

The JAG collects data from multiple JAG workstreams, including the National Endoscopy Database (NED) and the JAG Endoscopy Training System (JETS). External researchers, JAG clinical leads and JAG stakeholders can request extracts of JAG data for workforce planning, evaluation of interventions, and endoscopy research.

The NED APRIQOT study started in March 2018 and ran for 3 years. NED APRIQOT was funded by the Health Foundation and conducted by Newcastle University and the JAG. It focussed on the use of automated performance reports to improve quality outcomes in colonoscopy. A positive effect on polyp detection was observed as a result of the intervention, and as a result, a further 12-month pilot began in 2025 across the north-west and south-west regions. Analysis and further rollout of the reports will be reviewed in 2026.

What have we achieved in 2025?

In 2025, JAG received 25 data extraction requests:

- 16 were from external sources
- 4 related to research projects
- the remainder related to JAG projects and internal research or to specific queries (eg curriculum requirements or academy data)

Ongoing research projects include:

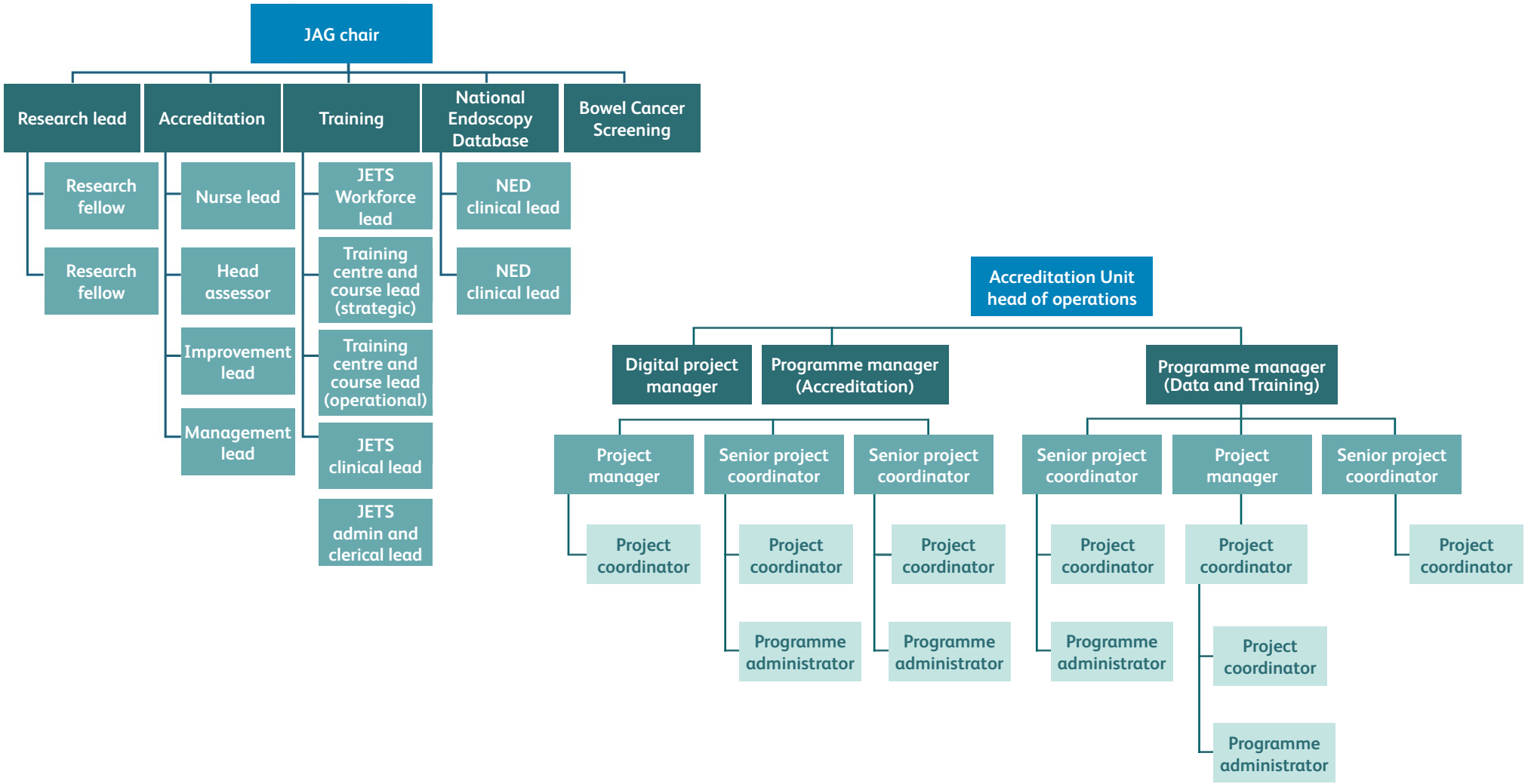
- identifying the optimal approach for allocation of endoscopy resources in England
- sedation practice, patient tolerance, and provider-level variation in endoscopic ultrasound in the UK: a National Endoscopy Database study
- impact of the updated British Society of Gastroenterology post-polypectomy surveillance guidelines on endoscopic resource use and diagnostic yield: a National Endoscopy Database study
- differential attainment in advanced endoscopy – investigation into the demographics of trainers
- diagnostic yield from repeat upper gastrointestinal endoscopy for symptoms: a UK National Endoscopy Database analysis

Plans for the future

In 2026 we will continue to highlight research projects undertaken using JAG data via blogposts and provide links to publications, as well as promote the use of JAG data for future research work through the British Society of Gastroenterology, the Association of Coloproctology of Great Britain & Ireland and other relevant stakeholders.

Appendix 1: JAG staffing

The clinical and office staff involved in the day-to-day running of JAG.



Appendix 2: NED ERS suppliers and upload status

	2024			Current		
ERS supplier name	**Newest compatible NED version**	**Number of sites (% of total)**	**% of sites uploading to NEDi2.1**	**Newest compatible NED version**	**Number of sites (% of total)**	**% of sites uploading to NEDi2.1**
Medilogik EMS	NEDi2.1	279 (52.1%)	100%	NEDi2.1	300 (56.6%)	100%
Nexus HDC Solus	NEDi2.1	89 (16.6%)	57.5%	NEDi2.1	84 (15.8%)	94%
Endosoft	NEDi2.1	40 (7.5%)	59.4%	NEDi2.1	36(6.7%)	91.6%
EPIC Lumens	NEDi2	6 (1.1%)		NEDi2.1	21 (3.9%)	80.9%
HICSS	NEDi2.1	32 (6.0%)	21.4%	NEDi2.1	20 (3.7%)	80%
Olympus	NEDi2.1	32 (6.0%)	3.7%	NEDi2.1	17 (3.2%)	58.8%
Dynamic (*bespoke*)	NEDi1	3 (0.6%)		NEDi2.1	3 (0.6%)	100%
Aexis Medical (*bespoke*)	NEDi2.1	1 (0.2%)	100%	NEDi2.1	1 (0.2%)	100%
Unisoft	NEDi1	38 (7.1%)		NEDi1	3 (0.6%)	
Infoflex	NEDi1	7 (1.3%)		NEDi1	3 (0.6%)	
Newgate	NEDi1	3 (0.6%)		NEDi1	3 (0.6%)	
Aquilant	NEDi1	3 (0.6%)		NEDi1	2	
Bespoke system (*bespoke*)	**NEDi1**	2 (0.4%)		**NEDi1**	2 (0.4%)	

JAG annual report

This report was prepared by the JAG team: Tom Lee, Nigel Trudgill, Mark Donnelly, Paul Dunckley, Stacie Loy, Lindsey Scarisbrick, Mark Jarvis, Keith Pohl, Sally Rix, Madeline Bano, Laura Bewley, Sarah Campbell, Alex Seth, Rachel Nelson and Ninma Sheshi.

With thanks to the JAG stakeholder group and JAG strategy group.

JAG

JAG is an independent endoscopy stakeholder organisation, hosted by the Royal College of Physicians and representing many organisations, including the Royal College of Surgeons, Royal College of Radiologists and Royal College of General Practitioners, along with the British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland and the Association of Upper GI Surgeons.

JETS

JETS is an online ePortfolio and certification portal for trainee endoscopists (doctors and nurse endoscopists), covering several endoscopy modalities, including OGD, colonoscopy, and flexible sigmoidoscopy.

Bowel Cancer Screening Accreditation

The BCSA provides accreditation for endoscopists to work in the Bowel Cancer Screening Programme in England and Bowel Screening Wales.

JETS Workforce

JETS Workforce is a training programme that provides the endoscopy workforce (nurses and other healthcare professionals in endoscopy) with a structured approach to training, assessments and appraisals.

NED

The NED is populated by data extracted automatically from the endoscopy reporting system (ERS) at endoscopy services in the UK, providing insight into endoscopists' performance.

JETS Administration and Clerical

JETS Administration and Clerical is a competency framework that equips the administrative workforce with the skills and knowledge to do their jobs and to support greater efficiency in endoscopy booking and scheduling.

The Royal College of Physicians

The Royal College of Physicians is a registered charity that aims to ensure high-quality care for patients by promoting the highest standards of medical practice. It provides and sets standards in clinical practice, education and training, conducts assessments and examinations, quality assures external audit programmes, supports doctors in their practice of medicine, and advises the government, the public and the profession on healthcare issues.

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Get in touch

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